

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 03/18)

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED CONGYING ZHENG		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 21-CR-00265-PKC		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (<i>Case Name</i>) USA v. Hu Ji et al		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (<i>See Instructions</i>)	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC § 951 (a), 18 USC §2261A(I)(B), 18 USC §371 & 3551							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (<i>Describe briefly</i>)							
13. PROCEEDING TO BE TRANSCRIBED (<i>Describe specifically</i>). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i> Trial							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost <u>50.00</u> % of transcript with (<i>Give case name and defendant</i>) USA v. Michale McMahon, Yong Zhu							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> 3-Day <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input checked="" type="checkbox"/> Prosecution Opening Statement <input checked="" type="checkbox"/> Prosecution Argument <input checked="" type="checkbox"/> Prosecution Rebuttal <input checked="" type="checkbox"/> Defense Opening Statement <input checked="" type="checkbox"/> Defense Argument <input checked="" type="checkbox"/> Voir Dire <input checked="" type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="display: flex; justify-content: space-between;"> <div> S/ Renee M. Wong _____ Signature of Attorney Renee M. Wong _____ Printed Name Telephone Number: (917) 701-0792 <input type="checkbox"/> Panel Attorney <input checked="" type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization </div> <div> 06/08/2023 _____ Date </div> </div>				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. <div style="text-align: center;"> _____ Signature of Presiding Judge or By Order of the Court <div style="display: flex; justify-content: space-around;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-around;"> <div>Date of Order</div> <div>Nunc Pro Tunc Date</div> </div> </div>			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS <div style="text-align: right;">Telephone Number: _____</div>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE							
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original							
Copy							
Expense (<i>Itemize</i>)							
TOTAL AMOUNT CLAIMED:							
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (<i>compensation or anything of value</i>) from any other source for these services. <div style="display: flex; justify-content: space-between;"> <div>Signature of Claimant/Payee _____</div> <div>Date _____</div> </div>							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. <div style="display: flex; justify-content: space-between;"> <div>Signature of Attorney or Clerk _____</div> <div>Date _____</div> </div>							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT <div style="text-align: center;">Signature of Judge or Clerk of Court _____</div>						24. AMOUNT APPROVED <div style="text-align: center;">Date _____</div>	